

Case Number:	CM15-0012254		
Date Assigned:	01/29/2015	Date of Injury:	07/09/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old with an industrial injury dated 07/09/2014. The injured worker presents on with complaints of pain in neck, upper back, left shoulder, left elbow, left hand and left leg. Physical exam noted light touch sensation to left mid anterior thigh, left mid lateral calf and left lateral ankle. Diagnoses include cervical spine disc bulge, thoracic spine strain, left shoulder internal derangement, left elbow internal derangement, left hand strain and left leg strain. Prior treatments include MRI, referral to pain medicine, orthopedist and hand surgeon. The provider requested interferential unit and supplies - 1 month rental. On 12/22/2014 the request for interferential (IF) unit and supplies - 1 month rental was non-certified. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Interferential (IF) unit and supplies- 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, Interferential unit is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for Interferential unit if there is no documentation of the efficacy of one month trial. Therefore, Interferential (IF) unit and supplies- 1 month rental is not medically necessary.